

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **821308** (4)
1. Corporation Name
TACO BELL CORP.



Principal Place of Business Mailing Address
17901 VON KARMAN AVENUE IRVINE CA 92714 **17901 VON KARMAN AVENUE IRVINE CA 92714**

3. Date Incorporated or Qualified **04/08/1968** 3a. Date of Last Report **05/01/1995**
4. FEI Number **95-2213656** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

21. Principal Place of Business 2a. Mailing Address
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
23. City & State 28. City & State
24. Zip Country 29. Zip Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, KENNETH T.	1.2 NAME	
STREET ADDRESS	17901 VON KARMAN	1.3 STREET ADDRESS	
CITY-STATE-ZIP	IRVINE CA	1.4 CITY-STATE-ZIP	
TITLE	VPC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, GREGORY N.	2.2 NAME	
STREET ADDRESS	17901 VON KARMAN	2.3 STREET ADDRESS	
CITY-STATE-ZIP	IRVINE CA	2.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, RICHARD	3.2 NAME	
STREET ADDRESS	17901 VON KARMAN	3.3 STREET ADDRESS	
CITY-STATE-ZIP	IRVINE CA	3.4 CITY-STATE-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHARD A.	4.2 NAME	
STREET ADDRESS	17901 VON KARMAN	4.3 STREET ADDRESS	
CITY-STATE-ZIP	IRVINE CA	4.4 CITY-STATE-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESHNER, ZANE	5.2 NAME	
STREET ADDRESS	17901 VON KARMAN	5.3 STREET ADDRESS	
CITY-STATE-ZIP	IRVINE CA	5.4 CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, GAYNOR J. (ASST.)	6.2 NAME	
STREET ADDRESS	17901 VON KARMAN	6.3 STREET ADDRESS	
CITY-STATE-ZIP	IRVINE CA	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Suzanne M. Ryan* 1/30/96 714-863-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)